

WATER WELL REPORT

STATE OF WASHINGTON

Notice of Intent W 147 556
UNIQUE WELL I.D. # A60214
Water Right Permit No. 33-ZE-202

(1) OWNER: Name John Butz / WATER ASSC. NEW Replacement Address 3315 N TRANQUILITY LN OAK HARBOR
(2) LOCATION OF WELL: County Island NE 1/4 SW 1/4 Sec 20 T 33 N R. 2 WM
(2a) STREET ADDRESS OF WELL: (or nearest address) XX TRANQUILITY PL OAK HARBOR
TAX PARCEL NO. _____

(3) PROPOSED USE: ☒ Domestic ☐ Industrial ☐ Municipal
☐ Irrigation ☐ Test Well ☐ Other
☐ DeWater

(4) TYPE OF WORK: Owner's number of well (if more than one) _____
☒ New Well Method ☐ Dug ☐ Bored
☐ Deepened ☐ Cable ☐ Driven
☐ Reconditioned ☒ Rotary ☐ Jetted
☐ Decommission

(5) DIMENSIONS: Diameter of well 6 inches
Drilled 238 feet. Depth of completed well 226 ft

(6) CONSTRUCTION DETAILS
Casing Installed:
☒ Welded 6 " Diam. from +1 ft to 231 ft
☐ Liner installed _____ " Diam. from _____ ft. to _____ ft.
☐ Threaded _____ " Diam. from _____ ft. to _____ ft.

Perforations: ☐ Yes ☒ No
Type of perforator used _____
SIZE of perforations _____ in by _____ in
_____ perforations from _____ ft to _____ ft

Screens: ☒ Yes ☐ No ☐ K-Pac Location 231
Manufacturer's Name Johnson
Type S/S Model No. _____
Diam. 10.5 Slot Size 10 from 231 ft. to 236 ft.
Diam. _____ Slot Size _____ from _____ ft. to _____ ft.

Gravel/Filter packed: ☐ Yes ☒ No ☐ Size of gravel/sand _____
Material placed from _____ ft. to _____ ft

Surface seal: ☒ Yes ☐ No To what depth? 18 ft
Material used in seal Benatonic
Did any strata contain unusable water? ☐ Yes ☒ No
Type of water? _____ Depth of strata _____
Method of sealing strata off _____

(7) PUMP: Manufacturer's Name Crawford
Type Sub H.P. _____

(8) WATER LEVELS: Land surface elevation above mean sea level 2 ft
Static level 228 ft below top of well Date 15 AUG 01
Artesian pressure _____ lbs per square inch Date _____
Artesian water is controlled by _____
(Cap, valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? ☒ Yes ☐ No If yes, by whom? _____
Yield. 20 gal/min with 1 ft drawdown after 4 hrs
Yield. _____ gal/min with _____ ft drawdown after _____ hrs
Yield. _____ gal/min with _____ ft drawdown after _____ hrs
Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)
Time Water Level Time Water Level Time Water Level
6:15 221 _____ _____ _____
6:25 220 _____ _____ _____
Date of test _____
Bailer test _____ gal/min. with _____ ft. drawdown after _____ hrs
Airtest _____ gal/min with _____ ft. drawdown after _____ hrs
Artesian flow _____ g.p.m. Date _____
Temperature of water _____ Was a chemical analysis made? ☒ Yes ☐ No

(10) WELL LOG or DECOMMISSIONING PROCEDURE DESCRIPTION
Formation Describe by color, character, size of material and structure, and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information. Indicate all water encountered

MATERIAL	FROM	TO
SAND	0	2
BROWN SAND + S.I.T	2	6
TAN SAND + S.I.T	6	12
Grey SAND + S.I.T	12	14
Grey CLAY + S.I.T	14	23
Grey CLAY	23	45
BROWN SAND	45	51
Grey SAND	51	55
Grey CLAY	55	57
BROWN SAND	57	63
Grey SAND + CLAY	63	75
PEA GRAVEL loose	75	170
BROWN CLAY + Gravel SAND	170	195
Grey CLAY	195	201
BROWN SAND	201	238

Drilled IN COMPLIANCE WITH DEC
8.09 BASED ON INFORMATION
Supplied by owner
John Butz

RECEIVED

SEP 24 2001

DEPT OF ECOLOGY

Work Started 7 AUG 01 Completed 14 AUG 01

WELL CONSTRUCTION CERTIFICATION:

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

Type or Print Name Halvorsen License No 2480
(Licensed Driller/Engineer)

Trainee Name _____ License No _____

Drilling Company Affordable Water Systems
(Signed) Ray Halvorsen License No 2480
(Licensed Driller/Engineer)

Address 14021 BRADSHAW RD MTVEANON

Contractor's
Registration No AFFORWIS01RTJ Date 15 Sept 01

(USE ADDITIONAL SHEETS IF NECESSARY)

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